

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|---------|
| | MA | | 06-21 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 73 | 6/28/01 |
| FORMALITY REVIEW | TT | 1112 | 8/8/01 |
| RESPONSE FORMALITY REVIEW | SA | JL 1039 | 1/02/07 |

bestick
1-20

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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JC 533
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